

## The Riverside Group Limited

# Ash Grove

### Inspection report

793 Bristol Road South  
Northfield  
Birmingham  
West Midlands  
B31 2NQ

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service:

Ash Grove is a community based extra care facility that was providing personal care to 16 people aged 65 and over at the time of the inspection.

### People's experience of using this service:

People were safe and staff knew how to keep them safe from harm. The provider had a recruitment process to ensure they had enough staff to support people safely. People received their medicines as prescribed. Staff followed infection control guidance and had access to personal protective equipment. Accidents and incidents were recorded and appropriate action taken.

Staff had the skills and knowledge to meet people's needs. People's nutritional needs were met. People accessed health care when needed. The environment where people lived was very well maintained, freshly decorated and smelt clean and fresh.

People were supported by staff who were kind and caring and knew them well. Staff were compassionate and empathetic and had built good relationships with people. People's privacy, dignity and independence were respected by staff. People's equality and diversity needs were respected.

People's support needs were assessed regularly and planned to ensure they received the support they needed. People's support was individualised. People were supported to take part in social activities. The provider had a complaints process which people were aware of to share any concerns.

The service was well managed. The registered manager was known and made themselves available. Feedback questionnaires were used to gather information about people's views. Spot checks and audits were carried out to ensure the quality of the service was maintained.

More information is in the Detailed Findings below.

### Rating at last inspection:

Rated good (published 14/09/2016).

### Why we inspected:

This was a planned inspection based on the rating at the last inspection.

### Follow up:

We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# Ash Grove

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector and one assistant inspector.

#### Service and service type:

Ash Grove is a community based extra care facility. The Care Quality Commission regulates the care provided. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

#### What we did:

Prior to the inspection we reviewed information we held about the service since their last inspection. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority who commissioned services from this provider.

During the inspection process we spoke with nine people, six relatives, seven members of staff, five healthcare professionals and the registered manager.

We looked at the care and review records for four people who used the service and four staff files. We looked at recruitment and training files. We looked at records for how people were administered medicines as well

as a range of records relating to the running of the service. This included incident and accident monitoring, auditing systems and complaints.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People using the service told us they felt safe. A family member told us how they were happy to leave the person using the service and go away on holiday. Previously when the person was at a different service they had not felt able to do that. They said, "I am absolutely happy to leave [person using the service] here. I couldn't look after [person using the service] any better."
- Care staff knew how to recognise abuse and protect people from harm. Care staff had received training in how to keep people safe and described the actions they would take when people were at risk of harm.
- Accidents and incidents were recorded and investigated to prevent them from happening in the future.
- The provider had security cameras in place in the reception area and corridors at Ash Grove to keep people safe

Assessing risk, safety monitoring and management

- Risk assessment documentation was in place which showed the actions taken to manage and reduce risks to people.
- Risk assessments were updated regularly and reflected people's current needs.

Staffing and recruitment

- There were enough care staff to support people.
- There were thorough recruitment processes in place.
- We saw evidence of recruitment checks taking place before care staff were appointed. This ensured suitable staff were appointed to support people.

Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should.
- Where medicines were given 'as and when required' there was guidance in place so this would be administered consistently.
- Medication administration records we observed were filled out correctly. This showed that medicines were administered as prescribed.

Preventing and controlling infection

- Personal protective equipment was readily available for care staff to use.
- Care staff supported people following good infection control practices to ensure they could protect against the spread of infection.

Learning lessons when things go wrong

- The provider had systems in place to learn lessons when things go wrong and we saw evidence of this.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider carried out an initial assessment so they could be sure they could support people how they wanted. People using the service were involved in the initial assessment and the outcomes they would like to achieve were clear.

Staff support: induction, training, skills and experience

- People were supported by care staff who had the skills and knowledge to do so. One person told us, "The staff are brilliant."
- People were supported by a stable team of care staff who had worked at the service for some time.
- Care staff were given opportunities to review their individual work and development needs.
- Care staff received regular on-going training.
- Care staff received induction training in line with the Care Certificate. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.
- Care staff received regular supervisions and appraisals with their manager.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a healthy diet.
- People had direct access to the local church which was attached to the building where they could purchase healthy meals if they so wished.
- People had the opportunity to enjoy a fish and chip supper once a week which was organised by the service.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with other agencies as needed. Evidence of health professional appointments and letters in people's files corroborated this.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access outside health professionals. For example, a chiropodist visited Ash Grove regularly.
- People told us they were supported by care staff to attend healthcare appointments.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as



possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- We checked whether the service was working within the principles of the MCA. People we spoke with told us how care staff would always ask for consent before supporting them and that care staff were respectful. One care staff member told us, "I ask if the client minds what I am about to do and ask what they feel comfortable with."

- Care staff received training in the Mental Capacity Act 2005 and were able to tell us how they would support people to make their own decisions. When asked how care staff would support people who lacked capacity to make their own decisions, one member of care staff told us, "We would need to act in their best interests."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were supported by kind and caring staff. One person said, "The staff are brilliant, they treat you like humans." A relative said, "[Name of person using the service] is getting better care here than anywhere else. They have been golden."
- We found people's equality and diversity needs were respected and care staff received training in equality and diversity to be able to meet people's needs. One member of the care staff said, "Respect people's differences and treat everyone the same. We have to understand that people are different and we all have our own ways"
- Our observations showed that staff knew people well. People interacted easily with staff and were comfortable around them.
- People's positive experience of care was shared as members of the same family lived at the service.
- The service did not use agency staff and had their own bank staff to ensure people were cared for by care staff that knew them well.
- All care staff we spoke with told us they were happy working at Ash Grove. One member of care staff told us, "It's so good here, I had been waiting for a job to come up."
- There was a flat available within the service's housing scheme for relatives to stay when people were unwell or if family members didn't live close by.

Supporting people to express their views and be involved in making decisions about their care

- People and their families were involved in care planning and their views and wishes respected.
- Weekly meetings were held in the housing scheme's public areas for people who use the service to gain their views and weekly notices were displayed on the communal notice board.
- Regular care staff meetings were held in order for care staff to share their views.

Respecting and promoting people's privacy, dignity and independence

- We saw that people's privacy and dignity was respected. We observed that staff knocked and asked permission before entering a person's bedroom. One care staff member said, "I look at how I would want things done for myself, how I would feel comfortable."
- People were encouraged to maintain their independence and do as much as they could for themselves.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- A care plan and assessment were in place to show the support people needed and these were reviewed regularly. A relative told us, "The carers always keep me informed."
- The service supported people to take part in various activities both inside and outside the housing scheme. For example, on the day of inspection, we observed a tea dance taking place. This helped to prevent social isolation.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place. There had been no complaints in the last twelve months. One person said, "I have no complaints."
- Staff knew who to talk to if they had any concerns. Staff told us they were supported by the management. One staff member said, "I can't fault the support from the management."

End of life care and support

- People had end of life care plans in place to ensure their wishes and views were respected at the end of their life.
- The registered manager was passionate about supporting people to be able to stay in their own flats at the end of their life, where possible. One relative described how the service had supported [name of person using the service] at the end of their life and said, "They [the care staff] were very attentive, they were excellent, they dealt with it really well."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Relatives and health professionals spoke highly of the service and explained how the service was always welcoming and responsive. A health professional told us, "Staff are on the ball, people are well cared for."
- People and staff spoke positively about the registered manager. One staff member said, "I know I am supported, if I have an issue I go and speak to them."
- The registered manager had introduced "looking back, thinking forward" sessions with care staff to promote reflective practice and encourage care staff to be open and honest to look at where improvements could be made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager carried out spot checks on care staff and regular supervisions and appraisals. Care staff confirmed this and we saw evidence of this in records we checked.
- We saw that regular checks and reviews on the service took place to ensure the service people received was of the highest quality.
- The registered manager understood their legal requirements within the law to notify us of all incidents of concern, death and safeguarding alerts.
- It is a legal requirement that the overall rating from our last inspection is displayed within the service and on the provider's website. We saw that the rating was displayed. This meant people, relatives and visitors were kept informed of the rating we had given.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback questionnaires were used to gather information about people's views. For example, people were involved in choosing what artwork they would like on the walls.
- The registered manager was aware of the accessible information standard and told us how they could produce documents in different formats to make information clearer for people to understand.
- The registered manager completed regular audits as a way of improving the service by the monitoring of trends and using the information gathered to benefit how people were supported.

Continuous learning and improving care

- The registered manager had a development plan in place to further improve the quality of the service for people who lived there.

- Management and care staff had continuous professional development plans in place to ensure their learning, skills and knowledge was current to be able to support people.

#### Working in partnership with others

- The service worked in partnership with hospital consultants, social workers, health professionals and relatives to ensure the service people received was person centred. This was corroborated by people, relatives and health professionals we spoke with. One health professional told us, "If I leave notes for follow up action, they are followed up and followed up well."
- The service had strong links with the local church and other local businesses. The deputy manager was a Dementia friend and told us how they were determined to make the local area Dementia friendly. They held local events to promote Dementia awareness.